1236943

FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

MAY 2 8 2003

OMB APPROVAL:

SMB Number: 3235-0076

Goires: May 31, 2005
Estimated average burden
hours per response.....16.00

NOTICE OF SALE OF SECURONES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR

INTEGOR LIMITED OFFEDING EVENDTION

SEC USE ONLY
Prefix Serial

DATE RECEIVED

UNIFORM LIMITED OFFERING EXEMI	PTION
Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Trace Detection Technology And Supplies, LLC	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	☐ ULOE
Type of Filing: Amendment Amendment	
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	03020638
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
Trace Detection Technology And Supplies, LLC	y W MANTON
Address of Executive Offices 993 Lenox Drive, Ste. 200, Lawrenceville, NJ	Telephone Number (Including Area Code) 609.844.7580
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Same	Telephone Number (Including Area Code) 609.844.7580
Brief Description of Business ,	
Type of Business Organization corporation limited partnership, already formed tother (p	olease specify): limited liability company
Month Year Actual or Estimated Date of Incorporation or Organization: 14 03 Estimated Date of Incorporation or Organization: 25 Organization of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	E 22 29 181 17 a 29 18 Com 22 20
GENERAL INSTRUCTIONS	MAT 3 U ZUUJ
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D c 77d(6).	or Section 4(6), 17 CFR 230,501 et seq. or IFINANCIAL

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

– ATTENTION –

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

Business or Residence Address (Number and Street, City, State, Zip Code) 993 Lenox Dr., Ste. 200, Lawrenceville, N.J. 08648 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual)		A. BASIC II	DENTIFICATION DATA		
Each beneficial owner having the power to vote or cispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the is Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers. Check Box(es) that Apply:	2. Enter the information requested for th	e following:			
Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers. Check Box(es) that Apply:	• Each promoter of the issuer, if th	ie issuer has been organized	within the past five years;		
Each general and managing partner of partnership issuers. Check Box(es) that Apply:	Each beneficial owner having the	power to vote or dispose, or o	direct the vote or disposition	n of, 10% or more of	a class of equity securities of the i
Check Box(es) that Apply:	Each executive officer and direct	or of corporate issuers and c	of corporate general and ma	anaging partners of p	partnership issuers; and
Managing Partner	 Each general and managing partr 	ner of partnership issuers.			
Managing Partner					——————————————————————————————————————
Full Name (Last name first, if individual) Weber, Paul Business or Residence Address (Number and Street, City, State, Zip Code) 993 Lenox Dr., Ste. 200, Lawrenceville, N.J. 08648 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual)	Check Box(es) that Apply:	er X Beneticial Owner	Executive Officer	☐ Director	MAC)
Business or Residence Address (Number and Street, City, State, Zip Code) 993 Lenox Dr., Ste. 200, Laxrenceville, N.J. 08648 Check Box(es) that Apply: Promoter Reneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Ferdetta, David Business or Residence Address (Number and Street, City, State, Zip Code) 993 Lenox Dr., Ste. 200, Laxrenceville, N.J. 08648 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)					
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Business or Residence Address (Number and Street, City, State, Zip Code) 993 Lenox Dr., Ste. 200, Lawrenceville, N.J. 08648 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual)	Full Name (Last name first if individual)				
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Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply:	Tromos	Deliciteral Owner	Executive Officer	Birector	_
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual)	Full Name (Last name first, if individual)				
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Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual)	Full Name (Last name first, if individual)				
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Managing Partner Full Name (Last name first, if individual)	Dasiness of Restactive Address (Number	and Street, City, State, 21p c	code)		
Managing Partner Full Name (Last name first, if individual)	Chack Ray(as) that Apply: Promote	as Danaficial Owner	Evacutiva Officer	Director	□ Canaral and/or
	Check box(es) that Apply.	n Deficite at Owner	Executive Officer	Director	
	Full None (Last none Size if individual)				
Business or Residence Address (Number and Street, City, State, Zip Code)	run Name (Last name tirst, 11 Individual)				
Business of Residence Address (Number and Street, City, State, Zip Code)	Pusings of Pasidona Addage (O'umba-	and Street City State 7:- (Code		
	Duamies of Residence Address (:Number)	and Street, City, State, ZIP C	Code)		
Charle Brown Start Andrew Co. D. Brown Co. C.	Charle Boy(sa) that Analysis [7]				
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner	Check Box(es) that Apply: Promote	er Beneficial Owner	Executive Officer	Director	
	Full Name (Last to Control to the Co				
Full Name (Last name first, if individual)	run Name (Last name first, if individual)				
Business or Residence Address (Number and Street, City, State, Zip Code)	Business or Residence Address (Number	and Street, City, State, Zip (Code)		



B. INFORMATION ABOUT OFFERING Yes Nο Ilas the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?..... \mathbf{k} Answer also in Appendix, Column 2, if filing under ULOE. What is the minimum investment that will be accepted from any individual? \$ 25,000.00 No Yes 3 Does the offering permit joint ownership of a single unit? X Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual) Not Applicable Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) All States AL AK AZ CO DE FL HI AR CA CT DC GA ID IL $\overline{\text{IN}}$ IA KS KY LA ME MD MA MI MN MS MO NV MT NE NH NJ NM [NY]NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY PR Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) All States CT AL AK AZ AR CA CO DE [DC] FL GA HI ID IL IN IA KS KY LA ME MD MA MI MN MS MO NE NV NI MT [NH] \overline{NM} \overline{NY} NC ND OH OK OR PA RI SC UT WV SD TN TX VT VA WA WI WY PR Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) All States AL AK AZ AR CA DE DC FL GA HI ID IN KY MD MA MI MN MS MO IL IA KS LA ME MT NE NV NH NJ \overline{NM} NY NC ND OH OK OR PA VT RI SC SD TN TX UT VA WA WV WI [WY]PR



1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	ς.	•
	Equity		
	☐ Common ☐ Preferred	3 <u>. 23 / 000 .</u>	3 <u>13,000</u> .
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests		
	Other (Specify)		
	Total		
	Answer also in Appendix, Column 3, if filing under ULOE.	3-20 70000	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		ar en addentes
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	1	s <u>25,000.</u>
	Non-accredited Investors (one Unit Interest as joint)	3	s <u>50,000.</u>
	Total (for filings under Rule 504 only)	4	S_75,000.
	Answer also in Appendix, Column 4, if filing under ULOE.		•
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		S
	Regulation A		\$
	Rule 504	eguity	\$ <u>75,000.</u>
	Total		s 75,000.
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		s 1,200.00
	Legal Fees	 	\$_5,000.00
	Accounting Fees		\$ 3,000.00
	Engineering Fees		\$ 2,100.00
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify) Logo/Advertise Design	X	s_1,000.00
	Total		\$ 12,300.00



	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF I	PROCEEDS	:
	b. Enter the difference between the aggregate offering price given in response to Part C — Question I and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		§ 112,700
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.		
		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	₹\$30,000	\$
	Purchase of real estate		
	Purchase, rental or leasing and installation of machinery and equipment		
	Construction or leasing of plant buildings and facilities		∑ 519:200
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)		•
	Repayment of indebtedness	5,000	
	Working capital		□\$28,000
	Other (specify): Additional Marketing - \$4,000.00;		
	Product Compnents - \$22,500.00.		<u> </u>
	Column Totals	xs35,000	x \$ <u>77,700</u>
	Total Payments Listed (column totals added)	[X \$	12,70 0
	D. FEDERAL SIGNATURE		
ig	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of I	sion, upon writte	le 505, the following n request of its staff,
r	uer (Print or Type) ace Detection Technology And Supplies, LLC	Date May 20	, 2003
٧a	me of Signer (Print or Type) Title of Signer (Print or Type) President/Managing Gene	eral Memb	er

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE		
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No X
	See Appendix, Column 5, for state response.		
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is D (17 CFR 239.500) at such times as required by state law.	iled a no	tice on Forn
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, informa issuer to offerees.	tion furn	ished by the
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be en limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claim of this exemption has the burden of establishing that these conditions have been satisfied:		
	ter has read this notification and knows the contents to be true and has duly caused this notice to be signed on its beha thorized person.	lf by the	undersigned
lssuer (Print or Type) Signature Date	<i>3</i> 2	MAG
race	Detection Technology May 20,	200	3
	Print or Type) And Supplies, LLC Title (Print or Type)		

President/ GeneraL Managing Member

Instruction:

Paul Weber

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				AF	PPENDIX				:	
1	Intend to non-a investor	I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		4 Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL										
AK										
ΑZ								==	H	
AR										
CA						·.				
СО										
СТ						,				
DE										
DC										
FL										
GA							••			
HI										
ID										
IL										
N										
IA										
KS										
KY										
LA										
ME										
MD										
MA										
MI										
MN										
MS										

				APP	ENDIX				· · · · · · · · · · · · · · · · · · ·
1	Intend to non-a investor	I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		4 Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО							·		
MT									
NE									المالية المالية
NV	x		equity		-	2	\$25,000		х
ИН			·			·.			
NJ	х		equity	1	\$25,000	1	\$25,000		Х
NM									
NY		Í		1					
NC									

State	Yes	No		Accredited Investors	Amount	Non-Accredited Investors	Amount	Yes	No
МО							·		
MT									
NE									المستندية
NV	x		equity			2	\$25,000		х
ИН						:			
ИЈ	х	·	equity	1	\$25,000	, 1	\$25,000		х
NM									
NY									
NC									
ND									
ОН									
ок									
OR									
PA									
RI									
SC									
SD									
TN									
TX									
UT					-				
VT									
VA									
WA									
WV									
WI									
	- , , , , , , , , , , , , , , , , , , ,	<u> </u>			3 of 9		·		

APPENDIX 1. 2 3 4 5 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach to non-accredited offering price Type of investor and explanation of investors in State offered in state amount purchased in State waiver granted) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Non-Accredited Accredited State Yes Investors No Investors Amount Yes Νo Amount WYPR

9 of 9